



“On the Beautiful Indian River”

7350 N. US Highway #1

Port St. John, FL 32927

On site Office: 321-639-3360 On site Fax 321-639-6300

Management: Reconcilable Differences

Office Phone: 321-799-0660 Fax: 321-799-0630

Sunrise Landing Unit Owners and Agents

Rental of Condominium Units

It is the responsibility of the Sunrise Landing Condominium Association (SLCA) Board of Directors to govern this complex by the “Declaration of Condominium,” the “By-Laws,” and the “Rules and Regulations.” Accordingly, “Article XIX and XX, pages 28 & 29 of the Declaration must be followed when selling and/or renting your unit. No rentals of less than 180 days (6 months) are permitted per an August 1991 amendment.

The Unit Owner/Agent is responsible for completion of this guideline document with the attached “Rental Profile Form”. This form must be returned to either the Management Office or the SLCA Office for appropriate review of references before an interview can be conducted with your prospective renter. A copy of the tenant lease should be provided.

Prior to occupancy of Unit by a tenant, an interview by Board members is **REQUIRED**. The prospective tenant can call the SLCA office to schedule an appointment. At this interview, the SLCA Rules and Regulations will be reviewed and tenant will provide **TWO** checks made payable to Sunrise Landing Condominium: One in the amount of **\$50.00** for screening and defraying expenses and one in the amount of **\$500.00**, which is a **refundable** damage deposit for common owned amenities. Upon lease expiration, tenant must request refund. Association will deduct any key losses or damages by tenant to the common owned amenities, as stated in Article 19, Section 6, page 29. A prompt refund will be mailed to a forwarding address supplied by the tenant at termination of lease.

Upon completion of the interview, a non-reproducible key to the pool facilities, assigned by a unique number, can be obtained for a refundable deposit of \$5.00. If this key is lost or stolen, a \$50.00 payment is required to obtain a replacement key. If key is not returned at the expiration of lease the \$5.00 deposit will not be returned and tenant shall pay \$50.00 from the Damage Deposit to cover the cost of a replacement key. Vehicle security decals are required and can be obtained from the office as well.

Information:

When pets are taken out, they are to be on a leash at **ALL** times and walked in the **DOG-WALK** areas only. Use of a pooper scooper or immediate clean-up is required.

Restrictions include: No water beds in upstairs units, No open flame Bar B-Q cookers can be used within buildings or on porches, pool rules are upheld.

Sunrise Landing Condominium/ Renter Profile

Note: Board Approval REQUIRED Prior to Occupancy

OWNER INFORMATION:

Requested Move-in Date _____

Owner Name: _____ Phone # _____

Building # and Unit # _____

Agent Name (If applicable) _____ Phone # _____

TENANT(S) INFORMATION:

Tenant Name(s): _____ Phone # _____

Employer Name(s): _____ Phone # _____

Occupation(s): _____ How Long _____

Previous Address _____ How Long _____

Number of children in residence _____ Ages _____

Vehicle(s):
Year _____ Make _____ Model _____ Tag# _____ State _____

Year _____ Make _____ Model _____ Tag# _____ State _____

Pet: Dog _____ Cat _____ Weight: _____ **(29 lb. limit)**

TENANT RECOGNITION:

I understand that this complex is governed by rules and regulation that are a part of my lease and I have received a copy of these rules and regulations.

Tenant signature of receipt _____

REFERENCES:

Previous Landlord: _____ Phone # _____

Business/Personal Name: _____ Phone # _____

Business/Personal Name: _____ Phone # _____

The SLCA is NOT responsible for collecting funds for damage incurred to any unit. Our function is the management and maintenance of the common owned areas ONLY.

Signed: _____ Signed: _____
Owner/Agent Tenant(s)

Date: _____ Date: _____

BOARD INFORMATION

Submitted Deposit Check # _____ Amount: _____

Board Approval: _____

Deposit Check to be returned to (Name and address): _____

Deposit returned: Amount: _____ Check#: _____ Date: _____

Board Member Signature: _____